BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF OKLAHOMA

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STATE OF OKLAHOMA, ex rel. JOHN D. DOAK,)	APR 1 0 2013
Insurance Commissioner,)	INSURANCE COMMISSIONE OKLAHOMA
)	OKLAHOMA
Petitioner,)	
VS.)	
ř)	Case No. 13-0384-DIS
TIFFANY CHARLES, a licensed bail bondsman in)	
the State of Oklahoma,)	
)	
Respondent.)	

CONDITIONAL ADMINISTRATIVE ORDER AND NOTICE OF RIGHT TO BE HEARD

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through counsel and alleges and states as follows:

JURISDICTION

- 1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101-7301, and the Oklahoma Bail Bond Act, 59 O. S. §§ 1301-1340.
- 2. Tiffany Charles ("Respondent") is a licensed bail bondsman in the State of Oklahoma holding license number 100113610.

FINDINGS OF FACT

- 1. On March 15, 2013, Respondent submitted to the Oklahoma Insurance Department ("Department") her February 2013 United States Fire Insurance Company report.
 - 2. Respondent submitted with the report an Electronic Funds Transfer ("EFT") of

Two Hundred Fifty Dollars and Four Cents (\$250.04).

- 3. On March 27, 2013, the Oklahoma State Treasurer charged the EFT back to the Department as "Not Sufficient Funds."
- 4. On March 28, 2013, Department staff sent Respondent a letter by email and certified mail, with return receipt requested, informing Respondent of the charge back and requesting that the funds be replaced and a service fee of \$25.00 be paid within five days of receipt of the letter.
- 5. On April 2, 2013, Respondent replaced the insufficient EFT and paid the service fee owed with money order number 7005222169 in the amount of \$275.04.

CONCLUSIONS OF LAW

1. Respondent has violated 59 O.S. § 1310(A)(27) by uttering insufficient funds to the Commissioner.

ORDER

IT IS THEREFORE ORDERED that Tiffany Charles is CENSURED.

Respondent is further notified that she may request a hearing within 30 days of the receipt of this Order concerning this action and upon such request the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Buddy Combs, Oklahoma Insurance Department, Legal Division, 3625 NW 56th Suite 100, Oklahoma City, Oklahoma 73112 and give an explanation of Respondent's actions described herein and any defenses thereto.

If Respondent fails to request a hearing within 30 days of receipt of this Order, this

Order shall become a **FINAL ORDER** on the 31st day, and Respondent shall be **CENSURED**.

WITNESS My Hand and Official Seal this 10th day of April, 2013.



JOHN D. DOAK INSURANCE COMMISSIONER STATE OF OKLAHOMA

Buddy Combs

Assistant General Counsel 3625 NW 56th Street, Suite 100 Oklahoma City, Oklahoma, 73112

Tel. (405) 521-2746 Fax (405) 522-0125

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to be Heard* was mailed certified, with return receipt requested, on this <u>loss</u> day of April, 2013, to:

Tiffany Charles P.O. Box 1456 Norman, OK 73070-1456

Buddy Combs

The state of the s	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
4539	OFF	ICIAL	AHOMA		
4967	Postage Certified Fee	\$	The state of the s		
E000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here		
1 0320	Street, Apt. No.; P.C	any Charles D. Box 1456	USPS		
7007	or PO Box No. Norman, OK 73070-1456 City, State, ZIP+4 rlg/13-0384-DIS/Cond.Adm.Ord. PS Form 3800, January Instruction				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: APR 16 Tiffany Charles P.O. Box 1456 Norman, OK 73070-1456 rlg/13-0384-DIS/Cond.Adm.Ord.	B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
	□ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Transfer from service label) 7001 032	0 0003 9967 4539
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540